

Foster Family Home - Corrective Action Report

Provider ID: 1-170017

Home Name: Edmar Barit, CNA

Review ID: 1-170017-1

94-1168 Limahana St.

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 5/24/2017

End Date: 6/12/17

Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

6.d.1- Home visit made for a new 2 bed certification survey. A corrective action report was issued during the new home visit with written plan of correction due to CTA by 6/24/2017.

Foster Family Home Personnel and Staffing

[17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41(b)(7)- No current TB clearance present on CG #1 last done 3/7/16.

41(b)(8)-No first aid training present on CG #2.

Carrie Wakai RW
Compliance Manager
Edmar Barit
Primary Care Giver

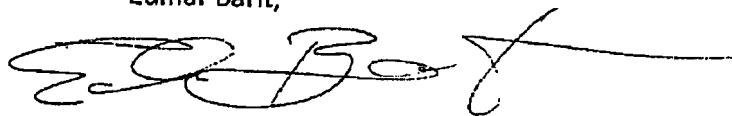
5-24-17
Date
05-24-2017
Date

Corrective Action

41.(b)(7) - A skin test has been completed on June 2, 2017 and to make sure skin test is always current we should create a calendar that has everything that needs to be updated.

41.(b)(8) - SCG #2 will attend class for first aid on June 14, 2017 and the official first aid card will be available one week after the class. To prevent this from happening again I will make sure everything is updated and everything that needs to be updated every year will be on my calendar notification.

Edmar Barit,



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